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FROM: Mark DeLuca TIMEKEEPER NO.: 2299  
 SENDER'S PHONE: 215.665.5592 SENDER'S FAX: 215.701.2027  
 # OF PAGES (INCLUDING COVER): 6 FILE NAME: UPVG0003-103  
 DATE: April 5, 2004 FILE #: 136508.000

RECIPIENT(S)	PHONE	FAX
Patent and Trademark Office		703 872-9306

## MESSAGE:

Enclosed please find:

- Reply and Amendment in response to Restriction Requirement dated November 6, 2003

Title: VPR FUNCTION AND ACTIVITY  
 Serial Number: 09/935,100  
 Filed: August 22, 2001  
 First Named Inventor: David B. Weiner

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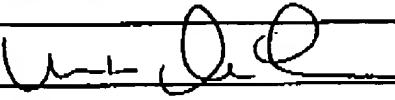
(to be used for all correspondence after initial filing)

		Application Number	09/935,100
		Filing Date	August 22, 2001
		First Named Inventor	David B. Weiner
		Art Unit	1648
		Examiner Name	Parkin, Jeffrey S.
Total Number of Pages in This Submission		Attorney Docket Number	UPVG0003-103

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark DeLuca
Signature	
Date	April 5, 2004

## CERTIFICATE OF MAILING

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1480)

Complete if Known

Application Number	09/935,100
Filing Date	August 22, 2001
First Named Inventor	David B. Weiner
Examiner Name	Parkin, Jeffrey S.
Art Unit	1648
Attorney Docket No.	UPVG0003-103

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
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Account  
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Deposit  
Account  
Name

Cozen O'Connor

The Director is authorized to: (check all that apply)

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 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	285	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	=	0	X	8	=	0	Extra Claims	Fee from below	Fee Paid
Independent Claims	1	-3 **	=	0	X	43	=	0		
Multiple Dependent				X			=			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	280	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	420
1253	950
1254	1,480
1255	2,010
1401	330
1402	330
1403	280
1451	1,510
1452	110
1453	1,330
1501	1,330
1502	480
1503	640
1480	130
1807	50
1806	180
8021	40
1809	770
1810	770
1801	770
1802	900
Other fee (specify)	

\*or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3)

(\$ 740)

## SUBMITTED BY

Name (Print/Type)	Mark DeLuca	Registration No. (Attorney/Agent)	33,229	Telephone	(215) 665-2000
Signature				Date	April 5, 2004

Complete if applicable

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